

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>my</i>	8	8/31/10
O.I.P.E. CLASSIFIER			9-1-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		7/471	10/12

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/3/10
2	✓	✓	10/3/10
3	✓	✓	10/3/10
4	✓	✓	10/3/10
5	✓	✓	10/3/10
6	✓	✓	10/3/10
7	✓	✓	10/3/10
8	✓	✓	10/3/10
9	✓	✓	10/3/10
10	✓	✓	10/3/10
11	✓	✓	10/3/10
12	✓	✓	10/3/10
13	✓	✓	10/3/10
14	✓	✓	10/3/10
15	✓	✓	10/3/10
16	✓	✓	10/3/10
17	✓	✓	10/3/10
18	✓	✓	10/3/10
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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